						Page_	Of
			DIVISION OF CHIL	BLIC HEALTH AND SOCIAL FENVIRONMENTAL HEALT D CARE FACILITY PECTION REPORT			- 15
REA Regular	SON	GRADE	Inspection Date: 3/28 /17	ESTABLISHMENT NAME:	LADDER	CHILD CA	PE CENT
Follow-Up Complain	t	4	Time In/Out:	OWNER/OPERATOR:	٠		
Investigat Other:	ion	RATING A	Sanitary Permit No.: 20000150002439	LOCATION: ANIGUA PERMIT STATUS:	ccc	ment Type:	
0.7			Female <u>27</u> Total	Child Care License: No.: 400	1 2 / √ Valid /		
The fo	ollowing ite I or sooner	as the Dep	artment indicates. Non	y in the operations and faciliti -compliance may result in do t be submitted before the indi	wngrading or pe	rmit suspen:	by the next sion. To appeal
ITEM*				ARKS			CORRECT BY
	Δ 21	SOUL AND	INCRECTION!	HAS CONDUCTED.		,	144
	l				1 1 / 6	\	
	HEEVI	11 2VO	SPECTION CON	DUCTED ON 12	22/16 (0,1	ل ام	
	THE !	FOLLOWI	NG WAS OBS	ERVED:			
17	BASE.	BOARD	IN MANHALL	MAL & VENT IN	1 GIRLS	2	4/27/17
			IN DISPERATE.		GIPCS		7/2///
	ALL	WALLS	& CEILING 8	THALL BE CLEAN	& KEPT IN		
	GOOD	PEPAL (
					-03:		
34			1	NOT LOOKED & I	THORE IN	2	4/27/17
	-	PMR.					
	ALL CLEANING EQUIPMENT & SUPPLIES SYML BE						
STORED IN A LOCKED CHBINET OR OLOKET TO							
	RESTRICT CHILDREN'S ACCESS.						
				COESS.			
	"A" PLACAPD # 02397 ISSUED.					1	
	PC	BP-IEFE	s on MBON	F .			
	-						

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

*Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:

(2), (4), (6), (14), (21), (23), (24), (27), (28), (39) & (40).

Received By (Name & Title) Candolcta, Olisha Cullina

DEH Inspector (Name & Title):

J. GARON (Sono)

JCPUZ EPHO!

Rev: 08/2/05 DEH-06

White Copy - DEH

Yellow Copy - Establishment